

1 **Claims 1 – 14 (cancelled)**

1 **Claim 15. (new)** A method for the management and treatment of patients at
2 risk of complications of arterial occlusive disease comprising the steps of:

- 3 • examining a patient at a healthcare facility to screen for risk of
4 complications of arterial occlusion disease,
- 5 • collecting patient data including a predetermined set of design specific
6 criteria associated with risk of complications of arterial occlusive
7 disease,
- 8 • recording the collected patient data,
- 9 • transmitting said collected patient data to an evaluating authority,
- 10 • comparing said collected patient data against the predetermined set of
11 disease specific criteria at the evaluating authority to provide an initial
12 diagnosis and preliminary classification of those patients “potentially at
13 risk” and those patients “not at risk” of developing complications of
14 arterial occlusive disease,
- 15 • transmitting said preliminary classification to the healthcare facility,
- 16 • referring those patients classified as “potentially at risk” of arterial
17 occlusive disease to an accredited laboratory for noninvasive vascular
18 evaluation,
- 19 • evaluating those “potentially at risk” patients at the accredited
20 laboratory,
- 21 • recording the results of said noninvasive vascular evaluation at the
22 accredited laboratory,
- 23 • transmitting said recorded results to the evaluating authority for final
24 classification,
- 25 • classifying each patient at the evaluating authority as “at risk” or “not at
26 risk”,
- 27 • transmitting said “at risk” or “not at risk” patient final classification to the
28 healthcare facility,
- 29 • recording said “at risk” or “not at risk” patient final classification at the
30 healthcare facility,
- 31 • referring patients having a final classification of “at risk” for critical
32 ischemia with associated extremity lesions and patients with
33 noninvasive evidence of severe ischemia to a vascular surgery facility

- 34 for vascular surgical assessment to determine whether
35 revascularization is necessary,
- 36 • assessing such “at risk” patients as “clinical indication for operation” or
37 “no indication for operation” at the vascular surgery facility,
 - 38 • transmitting patient assessments assessed as “clinical indication for
39 operation” or “no indication for operation” assessment to the evaluating
40 authority,
 - 41 • informing those patients assessed as “clinical indication for operation”,
 - 42 • electing either revascularization and periodic management system
43 evaluation at the healthcare facility or routine wound care and periodic
44 reevaluation at the healthcare facility by patients assessed as “clinical
45 indication for operation”,
 - 46 • monitoring patients assessed as “no indication for operation” by the
47 healthcare facility with increased precautions to monitor for detection of
48 any deterioration that would require reassessment,
 - 49 • referring patients having ulcers, pain or gangrene at the time of “no
50 indication for operation” assessment for reassessment,
 - 51 • recording the reasons for not referring such patients as “clinical
52 indication for operation”,
 - 53 • referring patients classified as “no indication for operation” that develop
54 ulcers, pain and/or gangrene to the vascular surgery facility for
55 reassessment,
 - 56 • reassessing the referred patient at the vascular surgery facility as “no
57 indication for operation” or “clinical indication for operation”,
 - 58 • transmitting the reassessment of “no indication for operation” or “clinical
59 indication for operation” to the evaluating authority for reevaluation as
60 “no indication for operation” or “clinical indication for operation”,
 - 61 • transmitting the reevaluation to the healthcare faculty with the
62 appropriate medical procedure and regimen,
 - 63 • treating and monitoring patients classified as “not at risk”, “at risk” and
64 assessed as “no indication for operation” or “clinical indication for
65 operation” at the healthcare facility,
 - 66 • providing “not at risk” patients without limb ulcers routine care and
67 precautions at the healthcare facility,

- 68 • providing “not at risk” patients with limb ulcers routine wound care at the
69 healthcare facility,
- 70 • providing “not at risk” patients with limb ulcers periodic reevaluation by
71 the evaluating authority,
- 72 • providing “at risk” patients assessed as “no indication for operation” or
73 “operation not elected by patient”, and “clinical indication for operation”
74 patient undergoing revascularization at the vascular surgery facility with
75 intensive wound care at the healthcare facility, and,
- 76 • providing periodic reevaluations of “at risk” patients assessed as “no
77 indication for operation” or “operation not elected by patient” with
78 increased precautions at the healthcare facility.